Child Advocacy Board

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD 510 EAST 12TH, SUITE 1A DES MOINES, IA 50319

Fax: (515)281-4073 www.lowa.gov/ethics



lowa Code section 8.7 requires all gifts, bequests, and grants given to any department of the state of lowa or received by the Governor on behalf of the state be reported to the lowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is required to b filed within 20 days of receipt of the gift, bequest, or grant.

FORM-GBG

Gift, Bequest, or Grant information received by a department or accepted by the Governor on behalf of the state

| | For office use only Indexed | | |
|----------------------------------|-----------------------------------|---|--|
|) 0 | Audited | • | |
| | Checked | | |
| | Computer | | |
| | Ostriputor | ***** | |
| | | | |
| | | -1 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 319-00 | 33 | : | |
| nt from | above) | | |
| Number (if different from above) | | | |
| | | **** | |
| | | | |
| | | | |
| | | | |
| | | | |
| | \$ 2,019.20 | | |
| Grant | Amount/Value* | | |
| marke | t value" of item as determined by | | |
| office. If no value mark "0.00". | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| veron | r on behalf of the state. | | |
| | on bondii or (no dialo, | | |
| | | | |
| | | | |
| | | | |
| m thal | the information concerning the | | |
| | | | |
| | | | |

DEPARTMENT OR OFFICE RECEIVING THE GIFT, BEQUEST, OR GRANT:

| Name of Department or Office 220 N Washington Avenue | Mason City, IA 50401 |
|---|---|
| | City, State, Zip Code |
| Area Code & Telephone No. | |
| CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFI | CE; |
| Jim Hennessey | |
| Name | |
| Lucase Building, 4th Floor 321 B 12th Street Malling Address (if different from above) | Des Moines, IA 50319-0083 |
| Jim.hennessey@dia.jowa.gov | City, State, Zip (if different from above) 515-242-6392 |
| Email Address | Area Code & Telephone Number (if different from above) |
| DONOR OF GIFT, BEQUEST, OR GRANT: | |
| | |
| Friends of Iowa CASA and ICFCRB | |
| Name | |
| Lucas Building, 4th Floor 321 E 12th Street Des Moines, IA 50319-0083 | |
| Mailing Address City, State, Zip Code | \$ 2,019.20 |
| 515-281-7299 | ff 11 |
| Area Code & Telephone Number | Date of Gift, Bequest, or Grant Amount/Value* |
| | *value is defined as "fair market value" of item as determined by |
| shierri.ripperger@dia.lowa.gov | receiving department or office. If no value mark "0.00". |
| Email Addres s (optional) | |
| Provide a description of the gift, bequest or grant and purpose thereof: | |
| · · | |
| Contract Labor | |
| | |
| Criteria to use this form: | |
| · · · · · · · · · · · · · · · · · · · | |
| Receipt of any gift, bequest, or grant that is received by any department | of the state or received by the Governor on behalf of the state. |
| | |
| | |
| atement of Affirmation: | |
| | |
| Crystal Engstrom affirm that the gift, bequest, or grant reporte mor and assessment of the fair market value (if applicable) is correct and | d above is accurate. I further affirm that the information concerning the |
| nor and assessment of the fair market value (if applicable) is correct and | true to the best of my knowledge. |
| | |
| | |
| Cryptal Enestron | 2/22/19 |
| Cryphal Engstrom Signature | Date |
| - | Dato |
| | |
| | |